No. 1 on this chart is the same as no. _____ on chart no. _____

AFN=Ancestral File Number

1 Reuel Frank JACOBSON----------
AFN: 4MDX-MS
BORN: 3 May 1908
Fountain Green, Snpt, UT
MAR.:

DIED: 30 Sep 1967

SPOUSE
LIVING
AFN: CRF9-XC
BORN: LIVING

DIED:

2 Alious Peter JACOBSON----------
AFN: 4MDX-GX
BORN: 30 Jan 1872
Fountain Green,S, UT
MAR.: 13 Oct 1897
(Temple) Manti,S, UT
DIED: 20 Oct 1932
Provo, Utah, UT

3 Johanna Elizabeth LARSON---------
AFN: 4MDX-H4
BORN: 30 Sep 1870
Moroni, Sanpete, UT
DIED: 27 Apr 1950
Provo, Utah, UT

4 Jens Or James JACOBSON----------
AFN: 4D09-52
BORN: 15 Aug 1838
Borley, Malmo, Sweden
MAR.: 24 Oct 1866
Salt Lake City,S, UT
DIED: 17 Sep 1917
Fountain Green,S, UT

5 Bertha Marie LARSEN----------
AFN: 4D09-67
BORN: 12 Dec 1847
Snedsted,T, Denmark
DIED: 24 Feb 1931
Fountain Green,S, UT

6 John Neils LARSON----------
AFN: CRF9-TT
BORN: [1844]

MAR.:

DIED:

7 Christena LARSON----------
AFN: CRF9-V1
BORN: [1848]

DIED:

8 Jacob JONSSON----------
AFN: 4D09-7D
BORN: 19 Mar 1809
Nevishog,M, Sweden
MAR.: 2 Nov 1834
Burlof, Malmohus, Sweden
DIED: 1880
Tagarp, Burlov,M, Sweden

9 Sissa Or Cecilia HOKANSSON-------
AFN: 4D09-8K
BORN: 18 Oct 1808
Burlof, Malmohus, Sweden
DIED: 1878
Tagarp, Burlov,M, Sweden

10 Lars Or Laurids JESPERSEN--------
AFN: 31ZX-RO
BORN: 4 Sep 1815
Sjorring,T, Denmark
MAR.: 1 Dec 1844
Hundborg,T, Denmark
DIED: 9 Apr 1902
Fountain Green,S, UT

11 Karen KLEMENSEN----------
AFN: 4D09-9Q
BORN: 22 Nov 1818
Hundborg,T, Denmark
DIED: 24 Sep 1890
Fountain Green,S, UT

12 ----------
AFN:
BORN:

MAR.:

DIED:

13 ----------
AFN:
BORN:

DIED:

14 ----------
AFN:
BORN:

MAR.:

DIED:

15 ----------
AFN:
BORN:

DIED:

16 Jons NILSSON----------
AFN: 92B7-KC
BORN: 22 May 1760

17 Kirsti JACOBSON--------
AFN: 92B7-LJ
BORN: 27 Apr 1773

18 Hakon NILSSON----------
AFN: 92B7-FN
BORN: 1776

19 Anna PEHRSSON----------
AFN: 92B7-GT
BORN: 16 May 1773

20 Jesper LARSEN----------
AFN: 31ZX-VH
BORN: 22 Jan 1792

21 Kirsten KRISTENSEN-----
AFN: 31ZX-WN
BORN: 1778

22 Klemen JAKABSEN--------
AFN: CN1W-KH
BORN: [1792]

23 Birgette Marie ANDERSEN
AFN: CN1W-LN
BORN: [1796]

24 ----------
AFN:
BORN:

25 ----------
AFN:
BORN:

26 ----------
AFN:
BORN:

27 ----------
AFN:
BORN:

28 ----------
AFN:
BORN:

29 ----------
AFN:
BORN:

30 ----------
AFN:
BORN:

31 ----------
AFN:
BORN:

Robert 2-14-91

HUSBAND: Virgil Peter JACOBSON (AFN:4MDX-LM)

BORN: 23 Nov 1903 PLACE: Fountain Green, Snpt, UT
CHR.: PLACE:
DIED: 4 Mar 1975 PLACE:
BUR.: PLACE:
MAR.: PLACE:

LDS ORDINANCE DATA
B: 23 Nov 1911
E: 27 Jun 1923
SP: BIC
SS:

FATHER: Alious Peter JACOBSON (AFN:4MDX-GX)
MOTHER: Johanna Elizabeth LARSON (AFN:4MDX-H4)
OTHER WIVES:

WIFE: LIVING (AFN:CRF9-W6)

BORN: LIVING PLACE:
CHR.: PLACE: B:
DIED: PLACE: E:
BUR.: PLACE: SP:
FATHER:
MOTHER:
OTHER HUSBANDS:

Sex CHILDREN

1. NAME:
---- BORN: PLACE: B:
CHR.: PLACE: E:
DIED: PLACE: SP:
BUR.: PLACE:
SPOUSE:
MAR.: PLACE: SS:

2. NAME:
---- BORN: PLACE: B:
CHR.: PLACE: E:
DIED: PLACE: SP:
BUR.: PLACE:
SPOUSE:
MAR.: PLACE: SS:

3. NAME:
---- BORN: PLACE: B:
CHR.: PLACE: E:
DIED: PLACE: SP:
BUR.: PLACE:
SPOUSE:
MAR.: PLACE: SS:

4. NAME:
---- BORN: PLACE: B:
CHR.: PLACE: E:
DIED: PLACE: SP:
BUR.: PLACE:
SPOUSE:
MAR.: PLACE: SS:

Codes: AFN=Ancestral File Number B=Baptized E=Endowed SS=Sealed to Spouse SP=Sealed to Parents

[redacted]

☐ ATTACHMENT INDICATOR

FORM NUMBER
24-06-45
FORM HCFA - 1500 (3-83)

HEALTH INSURANCE CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING AND SIGNING THIS FORM

DOCUMENT NUMBER

8046497

PATIENT & INSURED (SUBSCRIBER) INFORMATION

☑ MEDICARE ☐ MEDICAID ☐ CHAMPUS ☐ BLUE SHIELD ☐ OTHER

1. PATIENT'S NAME (First name, middle initial, last name)	2. PATIENT'S DATE OF BIRTH	3. INSURED'S NAME (First name, middle initial, last name)
Hope S. Olsen	Jan. 24, 1907	Hope S. Olsen
4. PATIENT'S ADDRESS (Street, city, state, zip code) 1389 Aberford Drive San Jose, California 95131 TELEPHONE NUMBER	5. PATIENT'S SEX ☐ MALE ☒ FEMALE 7. PATIENT'S RELATIONSHIP TO INSURED SELF ☐ SPOUSE ☐ CHILD ☐ OTHER ☐	6. INSURED'S I.D., MEDICARE AND/OR MEDICAID NO. (Include any letters) 528-24-7210B 8. INSURED'S GROUP NUMBER (Or Group Name)
9. OTHER HEALTH INSURANCE COVERAGE: ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER	10. WAS CONDITION RELATED TO: A. PATIENT'S EMPLOYMENT ☐ ☒	11. INSURED'S ADDRESS (Street, city, state, zip co... 1389 Aberford Drive